PTO/SB/06 (08-00)
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE oork Reduction Act of 1995. no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PAPENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR SMALL ENTITY (Column 2) (Column 1) **FOR** NUMBER FILED NUMBER EXTRA RATE **FEE** RATE FEE **BASIC FEE** 144 OR (37 CFR 1.16(a)) TOTAL CLAIMS 19 39 minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = 0 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR PAID TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA FEE** FEE **AMENDMENT** PAID FOR OR Total 39 0 39 Minus (37 CFR 1.16(c)) OR Independent Minus 3 (37 CFR 1.16(b)) ${\it c}$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL **TOTAL** Ø OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 3 2 (<u>\$ 18</u> = 36 = Minus k S OR Independent 3 Minus 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR 36 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** Minus : \$ (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.